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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Cambodia

The Executive Director recommends that the Executive Board approve the country programme of Cambodia for the period 1992-1994 in the amount of $6,000,000 from general resources, subject to the availability of funds, and $71,000,000 in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1991, will be contained in the "Summary of 1992 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.2 and Add.1).

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THE SITUATION OF CHILDREN AND WOMEN

1. After the 1979 change in authorities, Cambodia made remarkable progress in restoring health and education services, using medical assistants instead of doctors and teachers provided with only brief training. Inevitably, the quality of these services has become an important issue. At the time, the former Union of Soviet Socialist Republics and its allies were almost the only sources of bilateral assistance, but during 1990, situations in these countries caused them to terminate material support and withdraw their technical advisers. Vietnamese technical advisers were also withdrawn.

2. The adoption of a new constitution in 1989 launched a liberalization process, which has accelerated since the peace agreements of October 1991. In rural areas, individual land-use rights have replaced communal or cooperative use of land. In urban areas, "wild" capitalism is developing rapidly, particularly in the fields of commerce and real estate.

3. While there is a welcome increase in economic activity, at the same time, the public sector is being seriously eroded and no "safety net" remains for low-income households. Inflation at the rate of some 100 per cent per year is eating away the purchasing power of all low-income households. The salaries of those working in public administration have not been increased, and indeed, have become irrelevant. In order to live, service providers who can do so convert to private practice. The population must pay for both health care and education, clearly leaving some without either service. Operating budgets in education and health have virtually disappeared, except for what individual provinces can afford to spend.

4. Further problems are posed by the prospective return of 350,000 refugees, the resettlement of some 170,000 internally displaced persons and the reinsertion into the economy of even greater numbers of demobilized soldiers, mostly very young men, who have few skills for civilian life. The Office of the United Nations High Commissioner for Refugees (UNHCR) will assist refugees, and UNICEF will cooperate in the establishment of water points, health posts and schools in the proposed resettlement areas. However, many people are expected to resettle in peri-urban areas around Phnom Penh and Battambang, which will require the reinforcement of social services.

5. In education, the enrolment of 1.3 million children in primary schools amounts to 80 per cent of children 6 to 10 years of age. However, repetition and drop-out rates are so high, particularly for girls, that only 10 per cent of those children reach grade 5. In the area of health, although there is no secure database, it is estimated that child and maternal mortality rates are high. Immunization coverage reached about one third of the target group in 1991, but the number of people consulting the health system has become negligible, for one reason, because it no longer has drugs to fill prescriptions. According to one survey, in the water supply and sanitation sector, 17 per cent of the population have access to clean water and 13 per cent use latrines.

6. The high mortality rates create a presumption that there is a nutrition problem, but this possibility has not been surveyed systematically. Household food production is in fragile equilibrium with needs. As a result of the war, women comprise 60 per cent of the population, and one fifth of heads of household are widows. For children, the most visible problem is the high number maimed by mines. Hidden traumas from war experiences and the loss of parents are also problems. A fuller description of the situation of children and women will become available in a revised situation analysis, due to be completed in 1992. Meanwhile, the Executive Director's information note on the situation of children and women in Cambodia (E/ICEF/1992/CRP.4) is available.

PROGRAMME COOPERATION, 1989-1991

7. UNICEF began its cooperation in Cambodia in 1952. Cooperation was interrupted due to internal strife in the country from April 1975 to the end of 1978. During that time, much of the country's infrastructure, including that of education, health and other social services, was destroyed. From 1979 to 1981, UNICEF was the lead agency for a period of emergency, assisted by several United Nations organizations and bilateral agencies. UNICEF then resumed its normal cooperation role.

8. In October 1988, UNICEF and the appropriate authorities agreed in principle on a three-year programme of cooperation (1989-1991). The emphasis of the programme was shifted from primarily emergency activities to those more closely related to the survival and development of children. The "new" UNICEF programme of cooperation sought to promote a greater integration and convergence of basic services in the 11 most populated provinces around Phnom Penh.

Education

9. During the 1989-1991 period, UNICEF focused much of its assistance on the development and publication of teaching and learning materials for primary schools. School textbook production was increased from 100,000 to 500,000 textbooks per year, providing one book to be shared by every four to five pupils. A large number of poorly trained teachers had been introduced into the education system to remedy the shortage brought about by the loss of the country's professional class during the period of internal strife. In an early effort to address this problem, support was provided for teacher training. Support was also provided for the construction and equipment of additional classrooms in areas where internally displaced persons were returning.

10. In 1991, a National Conference on Education For All, co-sponsored by the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the United Nations Development Programme (UNDP), produced recommendations on priority areas of assistance in the education sector. These included

improving the quality of basic education, increasing educational opportunities for girls and women and providing non-formal education.

Health

11. The main component of cooperation in health continued to be the expanded programme on immunization (EPI), with a delivery system that reached the periphery of the country. Activities took place in all 21 provinces, but did not cover insecure areas. Approximately one third of the national target population was reached, including up to two thirds of the population in the provinces closer to Phnom Penh. Sachets of oral rehydration salts were distributed through the EPI logistics system. Building upon the momentum of EPI, a beginning was made in strengthening maternal and child health (MCH) services in five provinces, including the control of diarrhoeal diseases (CDD) and acute respiratory infections (ARI) and treatment of vitamin A and iodine deficiencies. Essential drugs kits are supplied regularly to some 1,000 out of 1,517 communes.

Water supply and sanitation

12. UNICEF has supported water supply and sanitation activities in Cambodia since 1979 and was active in seven provinces from 1989 through 1991. Water points are now being established at a rate of 1,200 per year, covering an estimated 300,000 people. The target of installing 20 to 25 per cent of new water supply facilities in public institutions such as schools, district hospitals and health centres was not reached. Since 1988, a locally produced pump has been manufactured at a rate of over 500 per year. Latrines and sanitation programmes have been less successful, in part due to traditional customs. Hygiene and health education have also had limited impact. A 1991 coverage survey indicated that less than 10 per cent of the population in rural areas had access to sanitation facilities.

Women in development

13. UNICEF has cooperated with the Women's Association of Cambodia on child survival and development activities since 1985. Assistance has expanded over the years to include health education, the production of reading booklets for neo-literates, the provision of supplies for income-generation projects, study tours and capacity-building of the Women's Association staff. In addition, a number of pilot projects, including day-care facilities and credit schemes, have been supported. Following the UNICEF lead, a number of non-governmental organizations (NGOs) and United Nations agencies have recently begun to support Women's Association activities. In the last two years, the women's programme has shifted towards community-based projects, with credit schemes, income-generating activities and literacy being the major activities. The programme currently reaches 1,500 families in 50 villages.

Household food security/family food production

14. Household food security/family food production, which began as an emergency response to the 1986 drought, grew into a development programme, with the participation of the Ministries of Agriculture, Health and Education and the Women's Association. Schemes were implemented in teacher-training colleges, schools, nutrition centres and female-headed households. By the end of 1991, family food production activities were being undertaken by 17,000 families in 330 villages and by 135 schools and teacher-training centres.

Children in especially difficult circumstances

15. Since a comprehensive study has not yet been conducted on children in difficult circumstances, UNICEF has undertaken a series of needs assessment studies to identify major areas of concern and determine the magnitude of the problems. As in the past, these studies will serve as a basis for systematic programme intervention. One study, undertaken in collaboration with the Ministry of Social Action and an international NGO, focused on orphans and the adequacy of institutional care in Cambodia. As a result of the study, a significant number of recommendations for action were presented to the appropriate authorities, resulting in some restructuring of institutional care and better organization and management of international assistance to orphanages. Although a thorough needs assessment on physical disabilities has yet to be carried out, because of the obvious priority of the problem, UNICEF began to cooperate with Handicap International in a rehabilitation project; however, the scope of this project was limited by the lack of qualified personnel.

Lessons learned

16. Due to severe security constraints, few formal programme evaluations have been undertaken. However, informal annual programme reviews were conducted and have resulted in significant modifications, the most recent being the shift from emergency operations to longer-term rehabilitation activities, in order to lay the foundations for future developmental programmes. Important lessons learned over the last few years and incorporated into the new programme include the efficacy of: (a) cooperating further with NGOs to deliver services, especially in rural areas; (b) continuing the shift of implementation activities from the central level to provincial/district and community levels; (c) continuing to emphasize local capacity-building; and (d) increasing the convergence of services in the provinces.

RECOMMENDED PROGRAMME COOPERATION, 1992-1994

17. In 1990, a country programme recommendation for 1992 was prepared and submitted to the 1991 session of the Executive Board (E/ICEF/1991/P/L.12). At that session, the Executive Board approved general resources in the amount of $3,000,000 and supplementary funds in the amount of $9,000,000 for 1992. However, in 1990, an escalation of the conflict, mass internal displacement of

people, uncontrolled privatization and the cessation of aid from the Eastern European countries made it necessary to modify the programme. The Paris peace agreements of October 1991 made further modifications appropriate. Additional funds in the amount of $6,000,000 from general resources and $71,000,000 in specific-purpose contributions, subject to the availability of funds, are recommended for 1993 and 1994, making a total for the three-year period of $9,000,000 for general resources and $80,000,000 for specific-purpose contributions.

Recommended general resources: $6,000,000
Supplementary funding: $71,000,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health	1 200	22 900	24 100
Water supply and sanitation	-	18 500	18 500
Education	900	15 800	16 700
Household food security	600	9 000	9 600
Children in difficult circumstances	300	4 700	5 000
Women in development	600	3 600	4 200
Social mobilization and advocacy	300	900	1 200
Programme support	5 100	4 600	9 700
Total for 1992-1994	9 000	80 000	89 000
Of which already approved	3 000	9 000	12 000
Total new funding recommendation	6 000	71 000	77 000

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

18. The above total is a comprehensive statement of UNICEF requirements for 1992-1994 in accordance with the circumstances now generally foreseen for that period. Supplementary funds that may be received as a result of appeals apart from those associated with the present country programme recommendation would count towards this total. For example, if funds were to be received as a result of the report of the United Nations inter-agency humanitarian mission to Cambodia (31 October-13 November 1991), which covers similar programme content and funding requirements for health and education, although for a much shorter period, these funds would be reduced from the 1992-1994 UNICEF programme of cooperation. A longer-term programme will be discussed with the Government that emerges from the 1993 elections and presented to the Executive Board at its 1994 regular session. If changes in the present programme recommendation are necessary, revised recommendations will be presented to the Board before 1994.

Strategy of UNICEF cooperation

19. Through the enlarged cooperation proposed in this country programme recommendation, UNICEF will be working within and contributing to the substantial United Nations participation in the consolidation of peace and rehabilitation in Cambodia, through the work of the Secretary-General's Special Representative and his Coordinator of Humanitarian Relief, the United Nations Transitional Authority in Cambodia (UNTAC) and other United Nations agencies.

20. In order to reduce the difficulties inherent in the erosion of the public sector, the focus of operational intervention will be on the district, with planning, technical and supervisory support from the province. Districts will assist communes, which, in turn, will perform outreach activities in villages. The country has a policy of decentralization; provinces are financially autonomous, and for the moment, their revenues appear to be more stable than those at the central level.

21. An annual plan of action will be prepared with the involvement of provinces, based on their specific needs and priorities, and the involvement of the various partners, with district and community input. Provinces will profit from whatever policy guidance and technical support the central ministries can continue to deliver. If the means of the central administration are further reduced, the minimum level of assistance might include the deployment of a few senior people to the provinces for advice and supervision, which UNICEF may have to facilitate.

22. In Cambodia, there are 21 provinces, 167 districts, 1,517 communes and some 12,000 villages. UNICEF has been cooperating mainly in the 10 provinces closest to Phnom Penh and the municipality of Phnom Penh. Now that the remaining 10 provinces have become accessible, at least in part, UNICEF proposes to progressively support an extension of coverage into these areas. During the 1992-1994 period, the target is to increase the number of districts covered from the 40 now receiving health support to multisectoral cooperation in 100 districts, representing 60 per cent of districts, and serving

80 per cent of the population of Cambodia. In 1992, the programme will extend its cooperation into the four north-western provinces that are expected to receive the bulk of returning refugees. In accordance with discussions with UNHCR, assistance will include the provision of potable water and health and school facilities for the populations in areas selected for resettlement. UNICEF assistance for returning refugees will be provided along the same lines as UNICEF assistance elsewhere in Cambodia.

23. The programme will emphasize more popular involvement, participation and responsibility, along with a closer convergence of services for mutual reinforcement. The renewed status of Buddhism as the State religion and the return of the 10 per cent of surviving bonzes (priests) may provide one source of community revival. Local responsibility for health and school services in terms of cost recovery and budgeting will be assisted. Interventions during the transition period will be as simple and concrete as possible, with substantial emphasis on the provision of water points, essential drugs, schoolrooms and textbooks, all accompanied by extensive training and retraining of staff.

Country programme objectives

24. Cambodia was unable to participate in the World Summit for Children, and the country does not have the resources and data to prepare a formal national programme of action with quantitative goals. However, the seven major Summit goals are relevant to Cambodia, and the proposed interventions will contribute to the realization of the goals for children and development in the 1990s. In addition, baseline data will be collected during the early stages of service delivery, which will help to guide work during the transition period and provide the foundation for a new programme, more formally related to the Summit goals, in the second half of the decade.

25. The objectives of the 1992-1994 programme of cooperation fall within the overall framework of (a) reducing infant, young child and maternal mortality; (b) providing access to safe drinking water and sanitary means of excreta disposal; (c) providing access to basic education and completion of primary education for at least 80 per cent of primary-school-age children; (d) reducing adult illiteracy; and (e) protecting children in especially difficult circumstances. The health services and the household food security programmes will contribute to the reduction of severe and moderate malnutrition. However, it will be difficult at first to measure the impact of these programmes in quantitative terms, since data on the nutritional status of the population are particularly scarce at present. Each programme will follow a provincial/district strategy, where applicable, and will be related to other relevant services for mutual support.

Returning refugees

26. In accordance with an exchange of letters between the High Commissioner for Refugees and the UNICEF Executive Director, UNICEF will assist in the preparation of new sites designated for returnees. UNICEF will assist in the

area of water supply in cooperation with the Oxford Famine Relief Campaign (OXFAM); in the area of health services in cooperation with the World Health Organization (WHO) and NGOs; in the area of education facilities in cooperation with UNESCO; and in the area of household food production. In order not to discriminate against the local populations, the strategy is to increase service provision in the communities with sites designated for returnees through the same strategies that UNICEF supports in the rest of the province. It may be necessary to assist some 1,000 communities in all. One major constraint is the prevalence of landmines in abandoned agricultural areas in the northern and north-western provinces and in woodlands; unfortunately, de-mining is only just beginning. Related to these tasks, staff will be outposted, beginning in Battambang.

Internally displaced persons

27. Increased fighting in many areas in 1989 and 1990 resulted in the displacement of approximately 170,000 people as of December 1991. The Government has requested international assistance and UNDP has assumed the lead role for the reintegration of these displaced persons. UNICEF is actively cooperating and proposes to extend its general pattern of support for community services in water supply, health and education to accommodate the needs of internally displaced persons along the same lines as support provided for communities receiving returning refugees. Again, in many areas, de-mining is a prerequisite for the return of populations displaced during the war.

Health

28. To implement the provincial/district strategy, contracts will be established between UNICEF, the Direction provinciale de santé and, when possible, NGOs operating in the province or willing to do so. In light of the current lack of professional staff in the country, it is proposed to provide five provinces each year with the services of a health adviser, thus reaching the 15 provinces under the present programme recommendation by 1994. An adviser may be able to assist two or more neighbouring provinces. Because of the immediate need, interventions such as EPI and essential drugs will not be restricted to the provinces receiving managerial support. However, the improvement of management and the establishment of provincial management information systems will greatly improve the effectiveness of national and external resources. Staff (National Officers and United Nations Volunteers (UNVs)) will be outposted along with the health adviser to assist interventions in the areas of water supply and sanitation, household food security and women in development.

29. In each of the districts covered in the provincial plan, UNICEF will support the rehabilitation and re-equipment of the district hospital/health centre, with a focus on the establishment of an MCH clinic and refresher training of the staff. Activities in the area of MCH will include CDD, control of ARI and provision of services for birth spacing. The referral role of the district for the communes will be reinforced by supervision and training of the peripheral personnel, including traditional birth attendants.

30. Essential drugs kits will be distributed more widely than in recent years to provincial and district hospitals and to communes receiving some supervision in order to make more effective treatment possible and to increase attendance. The establishment of a central pharmacy with a UNICEF pharmacist is intended, and some provincial pharmacies may also be needed. The provision of essential drugs kits will indirectly channel some remuneration to the health personnel since private practice is vital for most of them. WHO expects to have resources for malaria treatment and prevention (mosquito nets) in the north-western provinces, where malaria is a serious problem.

31. The global EPI objective will be to raise coverage by 10 per cent each year after 1992 and to reach 70 per cent coverage by the end of 1994. These figures are estimates of potential achievement through routine immunization; however, any opportunity to increase coverage will be explored. In addition to the provision of vaccines and cold-chain and sterilization equipment, the decentralization of specific components of the programme will receive priority attention. Supervision and training will be provincially based, with budgets being directly allocated to the provinces. Significant support will also be provided for the training of staff in planning and supervision in order to allow other programmes to build on the strength of EPI.

32. A provincial operations research project will be conducted in the province of Kompong Chhnang to investigate and field-test solutions to questions related to the functioning and sustainability of the health and other convergent services systems. This project will provide other provinces with tested answers to complex problems, mostly in the areas of human resources management, organization of health services, financing of health care and community participation. The direct application of findings will begin by early 1993 and will accelerate the process of strengthening the health services in the country.

33. Given the crucial role of essential drugs, UNICEF and WHO will support the establishment of a national essential drugs policy, following the recommendations of a UNICEF/WHO joint study. In a related effort, an official method of cost recovery will be introduced, along with financial management and payment of salaries by hospitals and health centres, to replace the present informal charges for health services. These time-consuming reforms most likely will be tackled in the latter portion of the three-year programme.

Water supply and sanitation

34. Water supply and sanitation will play a key role in the new programme of cooperation. Improvements in these areas will, in turn, improve the health and well-being of the population, particularly that of women. Community maintenance of water supply and sanitation systems can be assured without imposing much of a burden on weak government services. Hence, the major objectives for the water supply and sanitation programme are: (a) to accelerate the extension of access to safe drinking water and improved means of excreta disposal in the provinces where an intersectoral approach is being

made, which will involve the use of additional means of water supply, such as surface-water treatment, where wells can only be drilled slowly (e.g., in hard-rock areas); (b) to step up the extension of latrines for households, schools and health facilities with community involvement; (c) to increase provincial institutional capacity to plan, manage and implement water supply and sanitation activities; (d) to increase hygiene education (linked with literacy training and schools); and (e) to provide services for the communities receiving the estimated 350,000 Cambodians returning to the country and the 175,000 internally displaced persons.

35. UNICEF will begin to work with the Water Section of the Ministry of Agriculture, as OXFAM does, as well as with the Ministry of Health; relations will be developed with the provincial sections of these ministries as well. For areas with a high water-table, locally-manufactured drilling rigs and pumps will be used.

36. The 1992-1994 programme will aim at doubling service output by the end of 1992 and tripling it by 1994. Three additional provinces, including those with areas designated for returnees, will be added to the 11 provinces where the programme is presently active. A total of 1.5 million people are expected to benefit over the next three years.

Education

37. Taking into account the recommendations made at the 1991 National Conference on Education for All, where possible, UNICEF cooperation in education, undertaken in consultation with UNESCO, will consist of interlinked and mutually reinforcing fields of support: teacher training; textbook production; enhancement of the learning environment; development of a management information system at the provincial level; curriculum development; and literacy instruction. Improvements in the quality of education should reduce repetition rates, which are a major problem in the education system at present.

38. Teacher training will be pursued within the general provincial strategy. UNICEF will continue to assist pre-service teacher-training schools, including the construction of separate living facilities for women, the lack of which is a major reason for the low proportion of female teachers. Basic rehabilitation of facilities will be undertaken for five colleges per year. In-service training, including the exploration of distance training, will be very important. Some 90 self-contained basic classroom education kits and 2,000 individual teacher kits will be provided.

39. Some 2 million textbooks will be printed annually, beginning with substantial off-shore printing. However, the capacity of the Ministry of Education print workshop will be raised from 500,000 to 2,000,000; UNICEF has recruited a textbook production specialist for this task. UNICEF will continue to provide essential supplies.

40. In areas designated for returnees, UNICEF will provide supplies for the construction of additional schoolrooms. Some 500 schools per year will be provided with safe drinking water and latrines.

41. To make a beginning in the crucial area of curricula development, a section of the Ministry of Education must remain operational; however, the means by which to do so are not yet clear. It is hoped that UNESCO will play a major role in this area, and UNICEF cooperation will focus on the health, nutrition, household food production and personal and environmental hygiene elements of the curricula. The curricula presently used in the refugee camps will also be used.

Household food security and nutrition

42. It is obvious that the problem of insufficient household food supplies poses nutritional risks for some groups. In the various provinces, the production of the staple food, rice, is at present in a fragile state of equilibrium with requirements, hampered by low yields, poor seeds, lack of fertilizer and climatic disturbances such as the floods in three southern provinces during August through September 1991. The Ministry of Agriculture has little operational research capacity to help increase capacity.

43. Another major difficulty is insufficient income among households whose labour force has been diminished by war and other casualties over the last 15 years. The family food production project has helped the Women's Association to tackle general and income-related nutrition problems on a pilot scale, through support, including credit, for household gardening, small animal raising and fish ponds, among other schemes. There is a ready market for what households do not consume themselves. Thus, the current approach, which has proven to be successful, will continue to receive support. Additionally, technical support will be provided for increased rice production by cultivators of small paddy-fields. Family food production activities will be made available as an option for provinces and districts that are beginning to revive water supply, health and education services. Activities will also be offered in areas receiving refugees.

44. Schools and teacher-training colleges will be provided with assistance in the practical training of students in agricultural technologies. The schools' health education departments will also be assisted with demonstrations of better dietary and health care practices.

45. There is a Family Food Production Central Committee composed of representatives of the Ministries of Agriculture and Education and the Women's Association. At present, family food production provincial and district committees take care of day-to-day responsibilities in project implementation; these committees will need to expand their responsibilities in the future. Provincial family food production cadres meet regularly with district cadres and village committees. The family food production project will be developed in conjunction with the convergent services approach.

Children in especially difficult circumstances

46. Given the number of disabled children (especially those maimed by mines) and the inadequate services provided for them, UNICEF will aim to increase services for disabled children and women as an immediate priority. Cooperation will focus on the provision of prosthetics and the rehabilitation of children and woman, including those suffering from trauma and other less visible handicaps, such as damage to hearing. A programme to reintegrate the disabled back into their communities wherever possible will be implemented in association with women in development activities and the schools. An advocacy and community education component will seek to change traditional attitudes towards disabilities, and a mine awareness programme will be supported as part of social communications activities.

47. Needs assessment studies on disabled children, child labour, sexual exploitation and psychological trauma will be carried out in cooperation with a number of NGOs. Based on these studies, a series of projects will be developed. UNICEF is also negotiating with NGOs currently providing services in the refugee camps to provide services inside Cambodia once the refugees return.

Women in development

48. At community and provincial levels, support will be expanded for activities such as functional literacy, income generation, credit schemes, pilot child-care projects and attention to the problems of adolescent girls, with an emphasis on the rapid extension of successful schemes. As part of the general strategy of promoting increased convergence of services at the village level, the involvement of women will be explored in all interventions, especially the effective representation of women in health committees and water point committees and in community decision-making related to the well-being of children and women.

49. At the provincial level, efforts will be made to promote women's advocacy of policy issues which relate to their development. The training of Women's Association staff in community development and management skills will continue, with an added emphasis on enabling Women's Association members to promote good child-care practices.

Social communications

50. A social communications officer began work in the UNICEF office early in 1992. Activities in this area will include: (a) analysis of the present situation of social communications in the provinces where comprehensive services are being developed; (b) development of education/information material specific to the needs of the programmes; (c) implementation of two mass education/information campaigns per year each on a top priority topic; and (d) assistance to the provincial teams in social communication.

Inter-agency cooperation

51. UNICEF, UNHCR and the World Food Programme have been the only United Nations agencies to maintain a continuous presence in Cambodia since 1979. In 1990, UNDP opened a liaison office, and more recently, WHO, UNESCO, and the Food and Agriculture Organization of the United Nations have increased their presence in the country, all of which makes possible a more effective UNICEF association with these agencies in their respective fields of cooperation. UNICEF has participated in numerous United Nations assessment missions and has actively advocated that additional attention be given to the social sectors and vulnerable groups in all rehabilitation schemes.

52. In the health field, a coordinating committee already exists, which allows better collaboration between the Ministry of Health, NGOs, WHO and UNICEF. There is a similar committee in the Ministry of Agriculture for family food production. These mechanisms now need to be adapted to the provincial level, and extended to all of the primary fields of intervention. It is highly desirable that bilateral aid agencies join the committees as they come into the field.

Monitoring and evaluation

53. As would be expected from Cambodia's recent situation, all aspects of monitoring and evaluation are weak. In accordance with the general strategy of this recommendation, the emphasis will be on building monitoring capacity at provincial and district levels. Emphasis will also be placed on establishing a more active role for the population covered by the services. For the long term, this will involve the following steps in all programme areas: (a) preparing an annual plan of action for each province, based upon specific needs, priorities, objectives and involvement of the various partners, within the context of the overall country programme of cooperation; (b) promoting greater involvement of the community in the monitoring of programme activities by strengthening their participation and understanding of the planning process; (c) using the opportunity of establishing or upgrading service delivery to collect baseline data with community participation; and (d) selecting indicators and designing a system for data collection and monitoring that will be useful to each decision-making level, from the commune, the district and the province, to the centre.

54. During the transition period, it is expected that information will be collected on service delivery, and some sentinel sites will be established for the collection of data on the current situation and on the impact of services. At the starting point, with the village or commune committee, and at the end point, with top decision makers, the monitoring system should reflect the convergence of all the programmes in one group of social indicators. Data specific to the concerns of technicians in the areas of health, water supply, education and children in especially difficult circumstances, among other areas, will also be available.

55. UNICEF will pay travel allowances or other compensation to the Cambodian workers involved in monitoring and evaluation activities, costs that may be reduced progressively through greater involvement of the beneficiary communities. A UNICEF monitoring and evaluation officer began work in January 1992.

56. Various sectoral evaluations are planned, all contributing to an overall evaluation in 1993 to guide the next programme. An evaluation of the rural water supply project is planned to be carried out jointly with OXFAM in April 1992. An external review of EPI is also planned for the second quarter of 1992.

Programme support and staffing

57. With the erosion of the public sector, and in particular, the almost total loss of the value of salaries, it will be necessary for UNICEF to undertake certain tasks, such as the management of textbook production and the distribution of essential drugs kits, which countries themselves perform in more normal circumstances. When advantageous, contractors will be hired to carry out certain interventions, such as well drilling.

58. The goals of the present recommendation can only be reached with outposting and an increase in staff, along with the adaptation of the 1989 plan of operations to the rapidly changing circumstances. Staff should be outposted to support the strategy of concentration on the provincial level, beginning in Battambang, and if possible, reaching five provinces per year. Outposted staff would include support staff in health, education and water supply and sanitation. By 1994, outposted staff would comprise 9 project officers, 10 National Officers and 12 UNVs. Phnom Penh should be strengthened with 7 project officers and 11 National Officers. Thus, the use of National Officers would be introduced into the programme, along with cooperation with UNVs or other sponsored volunteers. All national staff, including secretaries, will have to be trained by UNICEF. The posts proposed are project posts, some of which can be cancelled as the country restores its public sector.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Cambodia	(1990 and earlier years)		UNICEF country classification
Under-five mortality rate	193	(1990)	Very high U5MR
Infant mortality rate	123	(1990)	Very high IMR
GNP per capita	..		
Total population	8246.0 Thousands	(1990)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1990
Births	(thousands)	284	224	325	322
Infant deaths (under 1)	(thousands)	44	48	47	40
Under-five deaths	(thousands)	69	74	73	62
Under-five mortality rate (per 1,000 live births)		244	330	226	193
Infant mortality rate (under 1) (per 1,000 live births)		156	212	145	123

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1980/1987)	Moderate & severe	32*	..
	Severe	5*	..
Babies with low birth weight (%, 1979/1987)		..	..
% of primary school children reaching final grade (1986)		..	50*

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1987)		../../..	100*/ 93*/ 72*
Prevalence of wasting (%)		..	..
Prevalence of stunting (%)		..	..
Daily per capita calorie supply (% of requirements, 1979-1981/1984-86)		84	98
Food production per capita index (Index 1979-1981=100, 1980/1990)		114	160
Household expenditure (% of total income, 1980-1985)	All food/cereals		../..

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1988)			6
Access to health services	Total	..	53
(% of population, 1980/1985)	Urban/rural	../..	80/ 50
Access to safe water	Total	..	3
(% of population, 1980/1990)	Urban/rural	../..	40/ 15
Access to adequate sanitation	Total	..	..
(% of population, 1980/1987)	Urban/rural	../..	../ ..
Births attended by trained personnel (%, 1984)		..	47*
Maternal mortality rate (per 100,000 live births, 1981)		..	500

Immunization		1981	1985	1990
One-year-olds (%) immunized against:	Tuberculosis	..	57	54
	DPT	..	23	40
	Polio	..	26	40
	Measles	..	29	34
Pregnant women (%) immunized against	Tetanus	..	21	0

TABLE 1 (continued)

Cambodia

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	../ ..	83*/ ..
(%, 1980/1989)	Male	../ ..	.. / ..
	Female	../ ..	.. / ..
Secondary enrolment ratio (gross/net)	Total	../ ..	37*/ ..
(%, 1980/1989)	Male	../ ..	.. / ..
	Female	../ ..	.. / ..
Adult literacy rate, 15 years & older	Total	11	35
(%, 1970/1990)	Male/female	../ 23	48 / 22
Radio/television sets			
(per 1,000 population, 1980/1988)		94/ 6	107 / 8

DEMOGRAPHIC INDICATORS		1970	1980	1985	1990	2000**
Total population	(Thousands)	6938.0	6400.0	7284.0	8246.0	10046.0
Population aged 0-15 years	(Thousands)	..	2284.9	2553.8	2982.6	4130.3
Population aged 0-4 years	(Thousands)	..	358.6	1259.1	1359.7	1271.4
Urban population (% of total)		12	10	11	12	15
Life expectancy at birth	Total	43	37	46	50	55
(years)	Male	42	36	45	48	53
	Female	44	39	47	51	56
Total fertility rate		5.9	4.6	4.9	4.6	3.9
Crude birth rate (per 1,000 population)		42	38	43	39	28
Crude death rate (per 1,000 population)		21	30	18	16	12

		About 1980	Most recent
Contraceptive prevalence rate		..	..
(%)			
Population annual growth rate	Total	0.3	2.5
(%, 1965-1980/1980-1990)	Urban	1.9	3.8

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate		..	..
(%)			
Inflation rate (%)		..	..
Population in absolute poverty	Urban/rural	../..	../ ..
(%)			
Household income share	Top 20%/bottom 40%	../ ..	../ ..
(%)			
Government expenditure	Health/education	../ ..	../ ..
(% of total expenditure)	Defence	..	..
Household expenditure	Health/education		../..
(% of total income)			
Official development assistance:	US$ millions	281	25
(1980/1989)	As % of GNP	..	..
Debt service			
(% of goods & services exports, 1980/1989)		..	..

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIODS, 1989-1991

(In thousands of United States dollars)

COUNTRY: CAMBODIA
BOARD APPROVAL: 1988
GENERAL RESOURCES: $7,500,000 a/

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Health	1574	2720	80	255	150	198	200	220	2004	3393	5397
Water supply and sanitation	447	1635		15	135	481	8	22	590	2153	2743
Nutrition	91	361	28	117			166	627	285	1105	1390
Education	549	836	24	37		3	143	340	716	1216	1932
Community organization and development	2	3						44	2	47	49
Women-centred programmes	195	145	2	40			30	144	227	329	556
Advocacy	50		9				21		80		80
Emergency	20								20		20
Planning and project support	374		7	1	1856	66	1226	52	3463	119	3582
GRAND TOTAL	3302	5700	150	465	2141	748	1794	1449	7387	8362	15749

GR = General resources.
FSF = Funded supplementary funding.
a/ This amount includes $2,500,000 approved in 1988, $2,500,000 approved in 1989, and $2,500,000 approved in 1990. In addition, $3,000,000 was approved in 1991 for 1992.

/...

TABLE 3. PLANNED EXPENDITURE, 1992-1994

(In thousands of United States dollars)

Country: CAMBODIA Period covered: 1992-1994	Funding status	1992	1993	1994	Total
Health	GR	400	400	400	1200
	FSF	2200			2200
	NSF	4300	7400	9000	20700
Water supply and sanitation	FSF	2500			2500
	NSF	1500	6500	8000	16000
Household food security	GR	200	200	200	600
	FSF	1000			1000
	NSF	1500	3000	3500	8000
Education	GR	300	300	300	900
	FSF	2800			2800
	NSF	2200	5300	5500	13000
Women-centred programme	GR	200	200	200	600
	NSF	1100	1200	1300	3600
Children in especially difficult	GR	100	100	100	300
	NSF	800	1700	2200	4700
Social mobilization and advocacy	GR	100	100	100	300
	NSF	200	300	400	900
Programme support	GR	1700	1700	1700	5100
	FSF	500			500
	NSF	700	1700	1700	4100
TOTAL	GR	3000	3000	3000	9000 a/
	FSF	9000			9000
	NSF	12300	27100	31600	71000 b/
GRAND TOTAL		24300	30100	34600	89000

GR = General resources.
NSF = New supplementary funding.
FSF = Funded supplementary funding.
a/ The amount of $3,000,000 from general resources was approved in 1991.
b/ The amount of $9,000,000 from new supplementary funding was approved in 1991.

TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: CAMBODIA	Number of posts	Amount (Thousands of United States dollars)
FINANCED FROM 1992-1993 APPROVED BUDGET:		
International Professional established posts		
Local national Professional and General Service established posts		
Operating costs		
Total		
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources	12	2839
Supplementary funds	7	1545
Local national Professional and General Service project posts		
General resources	7	552
Supplementary funds	2	156
Total	28	5092

a/ For information source, see the 1992 revised post authorization table, dated 23 July 1991.